



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631) 324-2417
Fax: (631) 324-3085

JOHN ROONEY
SUPERINTENDANT OF RECREATION

Stillwater Lifeguard Certification Course

At

E. H. YMCA RECenter & Alberts Landing Bay Beach

*Please be aware that all TOEH Recreation Programs are 1) Subject to COVID-19, NY State guidelines, and 2) that they can be cancelled at any time by THE TOWN OF EAST HAMPTON or the YMCA due to health concerns.

Minimum Age -15 as of 7/1/21

Course Fee \$165 (ReCert. Fee \$65)
(Check - "Town of East Hampton")

CPR Fee \$35
(Check - "E. H. Town Police")
Paid when you take CPR Course

Important Note: You must be in "Good" swimming shape to start this course

Limit - 24 Trainees

**Register online - Go to - ehamptonny.gov
Please bring you own Mask, Cap & Goggles**

April 17 through May 22

7 Session Dates & Times

Saturdays at YMCA - 4:00 to 5:30 p.m. - 4/17 4/24 5/1 5/8 5/15 5/22 5/28?

Alberts Landing Bay Beach 10 Sessions - Weekdays 3:30pm 6/7 - 6/16

3 Make-up Dates - (Tues, Wed, & Thurs)

The Maidstone Club Time 3:30 to 5:30 p.m. 6/1 6/2 6/3

Lecture Date - June 4

Practical Test Dates

Sun - May 22
Thurs. - June 3

Written Test Date

Fri, June 4 at 3:30 pm
at The Maidstone Club

2 Full CPR Courses

7 to 10 pm
May 24 & 26 or June 7 & 9
CPR course is given at Tom Field's
home at 269 Main St, Amag.

You must have a Doctor's Physical on our Test Form when you take the Practical Examination

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Program Director

John J. Ryan Jr.

Ocean Course Instructors

Craig Brierley
Brian Cunningham

Program Coordinator

John J. Ryan Sr.
631-324-2787 jjryan@optonline.net



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JOHN ROONEY
SUPERINTENDANT OF RECREATION

Age 17 and Younger Waiver of Liability

Program Requirements due to Covid Virus:

- Daily health screenings for all staff and coaches. Any players, staff, or coaches that experiences an illness must not attend, and needs to submit a doctor's note before reentering the program.
- Hand sanitizer and/or hand washing stations will be provided.
- All staff, coaches, and players must wash/sanitize hand before/after program.
- Any staff, coaches, or players who do not have a mask will not be permitted in the session.
- Programs modified to provide social distancing or 6 feet between staff and participants at all times.
- Group size will be determined according to state guidelines.
- Sharing personal belongings is prohibited.
- Personal belongings must be kept at least 6 feet from personal belongings of others.
- No shaking hands, high fives, fist bumps, hugs, elbows etc., no spitting

Lifeguard Certification Program - Course Fee \$165 (ReCert. Fee \$65)

Name: _____
Lifeguard Trainee's Legal Name (Print clearly) Social Security # (Only last 4 digits) _____
____ Male ____ Female D. O. B. ____/____/____ Age _____ (As of 7 / 1 /21)

I have read and will abide by the social distancing requirements listed above and I agree to the stipulations outlined in response to the COVID-19 precautions.

I hereby grant permission for my child's participation in the **Lifeguard Certification Course** sponsored and administered by the **TOWN OF EAST HAMPTON**.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child's participation, I agree to hold the **TOWN OF EAST HAMPTON**, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from my child's participation in the program.

VERY IMPORTANT TO WRITE & PRINT CLEARLY

Doctor's Physical Handled In _____ Need CPR Course?? No Yes Full or Refresh
Must be in before Practical Test Date

Mailing Address _____
Town State Zip Trainee's Email Address _____

Telephone _____ - _____ - _____ Today's Date ____/____/____

Lifeguard Trainee Signature

Parent/Guardian Signature

.....
Program Director
John J. Ryan Jr.

Ocean Course Instructors
Craig Brierley
Brian Cunningham

Program Coordinator
John J. Ryan Sr.
631-324-2787 jjryan@optonline.net



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JOHN ROONEY
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Adult (Age 18+) Waiver of Liability

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- All staff, coaches, and players must wash/sanitize hand before/after program.
- Any staff, coaches, or players who do not have a mask will not be permitted in the session.
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- No shaking hands, high fives, fist bumps, hugs, elbows etc., no spitting

Lifeguard Certification Program - Course Fee \$165 (ReCert. Fee \$65)

Name: _____
Lifeguard Trainee's Legal Name (Print clearly)

Social Security # (Only last 4 digits) _____

☐ Male ☐ Female

D. O. B. ____/____/____

Age _____ as of 7/1/21

I have read and will abide by the social distancing requirements listed above and I agree to the stipulations outlined in response to COVID-19 precautions.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from my participation in the program.

VERY IMPORTANT TO WRITE & PRINT CLEARLY

Doctor's Physical Handed In _____
Must be in before Practical Test Date

Need CPR Course??

No Yes Full or Refresh

Mailing Address _____

Trainee's Email Address _____

Town

State

Zip

Telephone _____ - _____ - _____

Today's Date ____/____/____

Lifeguard Trainee Signature

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